

**CITY OF SHEBOYGAN**  
**COMMUNITY DEVELOPMENT BLOCK GRANT**  
**OWNER-INVESTOR**  
**REHABILITATION LOAN PROGRAM**

**GUIDELINES AND APPLICATION**

February 2012

- 1 You must be the owner of the property to be rehabilitated.
- 2 The property must be located in the City of Sheboygan. Priority is given to any property located in the central part of the City.
- 3 Total debt on the property (including our loan) cannot exceed 90% of the property's after-rehabilitation market value. The City will place a mortgage on the property to secure the loan.
- 4 Applicants must meet the income guidelines (June 2011) shown below:

<b>FAMILY SIZE</b>	<b>MEDIAN INCOME OF 80%</b>
1	\$39,050
2	\$44,600
3	\$50,200
4	\$55,750
5	\$60,250
6	\$64,700
7	\$69,150
8+	\$73,600

At the time of loan closing, you will be required to deposit **25%** of the project cost into the City's escrow account. The City will loan the remaining **75%** of the project cost at **4%** for fifteen **(15) years**.

*IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT*

Housing Rehabilitation Program  
Department of City Development  
828 Center Avenue, Suite 104  
Sheboygan, WI 53081

**(920)459-3377**

**E-Mail: [Development@ci.sheboygan.wi.us](mailto:Development@ci.sheboygan.wi.us)**

## HOUSING REHABILITATION OWNER-OCCUPIED LOAN PROCEDURES FOR PROCESSING

- 1 Submit completed application, signed "Release of Information" form and the following documents to the Department of City Development, 828 Center Avenue, Suite 104:  
(All residents 18 years of age and older must sign the release of information form.)
  - \* Copy of all most recent **Federal Income Tax Return**, *this must include all occupants who are 18 years of age and older unless they are full time students.*
  - \* Copy of latest paid **property tax bill** and proof of payment.
  - \* Copy of the cover page from current **homeowner's insurance policy**, *stating the dollar amount of coverage*, and a paid receipt for the current year.
  - \* Verification of **mortgage balance** and monthly payment from Lender.
- 2 Employment, income, mortgage and loan information will be verified. The Housing Rehabilitation Specialist will order a title report for applicant's property.
- 3 Department of City Development contacts family to inform of eligibility, explains program expectations, schedules a lead risk assessment, schedules City housing inspection, and conducts an individual environmental review.
- 4 Applicant will be contacted by City Development to schedule an inspection of the applicant's rehabilitation property. The Economic Development Manager and a member of the Building Inspection Department will inspect each property.
- 5 City Development will contact a lead risk assessor. The lead risk company will contact the applicant to schedule an appointment for a lead based paint risk assessment.
- 6 Department of City Development refers family to Public Health to manage blood lead testing of all children less than 6 years of age residing in the home. All children under six occupying a dwelling receiving lead hazard reduction services will be tested for lead in their blood prior to any work being done. Public Health also will educate family on the hazards associated with lead-based paint.
- 7 Lead Risk Assessor will write work specifications for the property based on their inspection and test results. Copies of specifications are forwarded to Department of City Development.
- 8 Work specifications will be completed by the Department of City Development for the work to be completed. The Housing Rehabilitation Specialist will solicit bids from licensed contractors in the City of Sheboygan. A solid effort will be made to obtain a minimum of two estimates for each work item.
- 9 Lead Risk Assessor and Department of City Development discuss proposed work plans and different options available.
- 10 The Economic Development Manager will schedule a meeting to discuss the proposed lead work and cost estimate with the property owner.

- 11 Housing Rehabilitation Loan Committee will review loan application for approval. The Committee consists of four citizens and one Alderperson appointed by the Mayor and meets as needed usually every few weeks.
- 12 After loan approval, contracts will be prepared and forwarded to contractors for their signature. Contractors will then schedule the work for completion.
- 13 Appointment will be scheduled for loan closing. Applicant signs all necessary loan papers, contracts and letters to contractor(s) for work to proceed.
- 14 Department of City Development hires a certified contractor and/or subcontractor and a date is set to begin work.
- 15 Relocation arrangements are made for the occupants to move out during renovation, if necessary.
- 16 Contractor begins work and notifies Department of City Development of projected completion date.
- 17 Department of City Development or Sheboygan County Department of Public Health Lead Hazard Investigators inspects in-progress work.
- 18 As each contractor submits their bill, completed work is inspected and a joint check is prepared payable to the borrower and contractor. A "Release of Lien" is prepared and signed by the contractor.
- 19 After the work is completed the risk assessor, takes necessary clearance samples. City Building Inspector also inspects property for completion of contracted work, per city and HUD regulations.
- 20 After clearance is obtained, the family reoccupies dwelling.
- 21 Follow-up surveys are conducted by Sheboygan County Department of Public Health.
- 22 City of Sheboygan prepares check(s), "Release of Lien(s)" and disposition of all funds from the loan. Copies of all loan papers are given the applicant.

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Department of City Development  
828 Center Avenue, Suite 104  
Sheboygan, WI 53081

(920) 459-3377

E-mail: [Development@ci.sheboygan.wi.us](mailto:Development@ci.sheboygan.wi.us)

OFFICE USE ONLY
LOAN NO.: _____
DATE RECEIVED: _____

**CITY OF SHEBOYGAN**  
**HOUSING REHABILITATION PROGRAM**  
**DEPARTMENT OF CITY DEVELOPMENT**  
**828 CENTER AVENUE, SUITE 104**  
**SHEBOYGAN, WI 53081**  
[Development@ci.sheboygan.wi.us](mailto:Development@ci.sheboygan.wi.us)  
(920)459-3377  
FAX: (920) 459-7302

## OWNER-INVESTOR LOAN APPLICATION

<b>PROPERTY OWNER INFORMATION</b>
-----------------------------------

DATE OF APPLICATION: \_\_\_\_\_ NO. OF DWELLING UNITS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

HUSBAND/HEAD OF HOUSEHOLD CELL PHONE: \_\_\_\_\_ OTHER'S CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROPERTY IS OWNED:

- \_\_\_\_\_ Free & clear of any mortgage, liens or judgments.  
\_\_\_\_\_ Subject to a mortgage.  
\_\_\_\_\_ Subject to a land contract.  
Other: \_\_\_\_\_

<b>PROPERTY TO BE REHABILITATED</b>
-------------------------------------

ADDRESS OF PROPERTY TO BE REHABILITATED: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_ Before Rehabilitation \_\_\_\_\_ After Rehabilitation

**\*\*NOTE\*\*:** A loan will not be made if there are any delinquent real estate taxes or judgment liens encumbering the property. These must be satisfied before a loan is made.

ITEMS IN NEED OF REHABILITATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL TEMPORARY RELOCATION OF TENANTS BE REQUIRED: \_\_\_\_\_ Yes \_\_\_\_\_ No

**EXISTING DEBT ON PROPERTY TO BE REHABILITATED:**

**1st LENDER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

ORIGINAL MORTGAGE: \$ \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_

UNPAID PRINCIPAL: \$ \_\_\_\_\_ DATE OF MATURITY: \_\_\_\_\_

**2nd LENDER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

SECOND MORTGAGE: \$ \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_

UNPAID PRINCIPAL: \$ \_\_\_\_\_ DATE OF MATURITY: \_\_\_\_\_

**3rd LENDER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

SECOND MORTGAGE: \$ \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_

UNPAID PRINCIPAL: \$ \_\_\_\_\_ DATE OF MATURITY: \_\_\_\_\_

*(This includes liens from Partners for Community Development & Lakeshore Cap)*

**OPERATING DATA ON PROPERTY**

ESTIMATED INCOME FROM PROPERTY AFTER REHABILITATION:

<b><u>NO OF</u></b>				
<b><u>UNIT NO.</u></b>	<b><u>BEDROOMS</u></b>	<b><u>MONTHLY RENT</u></b>	<b><u>ANNUAL RENT</u></b>	<b><u>GROSS INCOME</u></b>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
TOTAL INCOME FROM DWELLING UNITS:			\$ _____	\$ _____
OTHER INCOME:			\$ _____	\$ _____
TOTAL INCOME:			\$ _____	\$ _____

**ESTIMATE OF ANNUAL OPERATING EXPENSES AFTER REHABILITATION**

Advertising:	\$	Decorating:	\$	Exterminating:	\$
Fuel Oil:	\$	Repairs:	\$	Insurance:	\$
Gas:	\$	Water:	\$	Sewer:	\$
Electric:	\$	Reserve*:	\$		

TOTAL OPERATING EXPENSES: \$

\*Reserve is for the replacement of major items such as a furnace, water heater, etc., that will need replacing while you own the property. (Divide projected cost of items by number of years you anticipate owning the property not to exceed ten years.)

**UTILITIES INCLUDED IN RENT AFTER REHABILITATION**

<u>UNIT NUMBER</u>	<u>ELECTRICITY</u>	<u>WATER</u>	<u>SEWER</u>	<u>HEATING</u>
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**TENANT INFORMATION**

<u>UNIT NUMBER</u>	<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>PHONE</u>
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**RENT BEFORE REHABILITATION**

<u>UNIT NUMBER</u>	<u>RENT</u>	<u>UTILITIES INCLUDED</u>		<u>PHONE</u>
		<u>YES</u>	<u>NO</u>	


**PROJECTED ANNUAL CASH FLOW**

Gross Income Expectancy:	\$
Less total Operating Expenses:	(\$ )
Less Real Estate Taxes:	(\$ )
Less Principle & Interest on Other	
Loans Secured by Property:	(\$ )
Less Other Fixed Charges:	(\$ )
Cash Available For New Debt:	\$

**FAIR MARKET RENTS - CITY OF SHEBOYGAN**

Year	0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm
2010	428	550	649	802	985
2011	428	550	649	802	985

City Development will annually for a 5-year period verify that tenant rents are maintained equal to under the fair market rent limits. Rents will be updated annually.

**PREVIOUS FORECLOSURE RECORD**

Has the borrower (including any officer or stockholder having a ten percent or greater financial interest in a corporation) been obligated on a real property loan, which resulted in foreclosure, deed in lieu of foreclosure, or judgments?

\_\_\_\_\_ Yes (If yes, explain) \_\_\_\_\_ No

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BORROWER'S CERTIFICATION**

I (We) hereby certify that the statements made by me (us) are true and correct to the best of my (our) belief and knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

U.S.C. Title 18, Section 1001, provides, whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

**RIGHT TO FINANCIAL PRIVACY ACT CERTIFICATION**

The Department of Housing and Urban Development certifies, in compliance with the Right to Financial Privacy Act of 1978, that in connection with this request for access to financial records, it is in compliance with the applicable provisions of said Act.

# OWNER RELEASE STATEMENT

## RELEASE OF INFORMATION

(MUST BE SIGNED BY **ALL OWNERS**)

*Document can be copied*

The Right to Financing Privacy Act of 1978 requires that public bodies acting as agents of the U.S. Department of Housing and Urban Development (HUD) for the processing or approving of Section 312 and other residential rehabilitation housing loans provide the following notice to loan applicants.

## NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration of administration of the Section 312 or other HUD rehabilitation loans for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development and the City of Sheboygan without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

I have read and understand the foregoing notice. This letter authorizes the Department of City Development of the City of Sheboygan, Wisconsin, to request any pertinent information pertaining to the following:

<input type="checkbox"/> Request for Mortgage Status	<input type="checkbox"/> Social Security
<input type="checkbox"/> Asset Verification	<input type="checkbox"/> Title Verification
<input type="checkbox"/> Verification of Deposit	<input type="checkbox"/> Credit Report
<input type="checkbox"/> Verification of Employment	<input type="checkbox"/> Income Verification

I (We), the undersigned, do hereby authorize the release information requested by the Department of City Development of the City of Sheboygan, Wisconsin.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**\*NOTE: Each rental unit must complete a form.**  
Please print duplicates

All TENANTS 18 years of age  
and OLDER must attach a copy of  
their 2012 Federal Income Taxes.

## HOUSING REHABILITATION PROGRAM

### CITY OF SHEBOYGAN

### DEPARTMENT OF CITY DEVELOPMENT

828 CENTER AVENUE, Suite 104

SHEBOYGAN, WI 53081

[Development@ci.sheboygan.wi.us](mailto:Development@ci.sheboygan.wi.us)

(920) 459-3377

FAX: (920) 459-7302

### APPLICATION FOR TENANT

TENANT'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SPOUSE'S NAME (if married) OR OTHER's: \_\_\_\_\_

SPOUSE'S/OTHER'S SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

NUMBER OF YEARS AT THIS PROPERTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

HUSBAND/HEAD OF HOUSEHOLD CELL PHONE: \_\_\_\_\_

SPOUSE / OTHER'S CELL PHONE: \_\_\_\_\_

CURRENT E-MAIL ADDRESS: \_\_\_\_\_

NUMBER OF DEPENDENTS:

(THIS INCLUDES ALL RESIDENTS NOT LISTED ON FIRST PAGE)

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>SEX</u> <u>Male/Female</u>	<u>FULL TIME</u> <u>STUDENT</u> <u>YES / NO</u>	<u>RETIRED</u> <u>YES / NO</u>	<u>SOCIAL SECURITY NUMBER</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
*	Is anyone in this Household Pregnant? (Please mark one)			Yes	No	Who?

OCCUPANT RACE

Optional Information

Please circle.

- W - White

HW - Hispanic White

B - Black/African American

A - Asian

AI - American Indian

NA - Native Hawaiian/Other Pacific
- AIW - American Indian/Alaskan/Native/White

AW - Asian White

BW - Black/African American - White

AIB - American Indian/Alaskan Native/Black African American

O - Other

## **HUSBAND/HEAD OF HOUSEHOLD**

**PRESENT EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

\*\*\*\*\*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

## **SPOUSE'S / OTHER'S**

**PRESENT EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

\*\*\*\*\*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

## **OTHER'S** (Must have employers for all residents 18 years of age & older unless a full time student)

**PRESENT EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

\*\*\*\*\*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

*NOTE: If your project is not started within 6 months of income approval, or your family status has changed all tenants income must be verified again.*

**OTHER'S** (Must have employers for all residents 18 years of age & older unless a full time student)

**PRESENT EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

\*\*\*\*\*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

**OTHER'S** (Must have employers for all residents 18 years of age & older unless a full time student)

**PRESENT EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

\*\*\*\*\*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

**OTHER'S** (Must have employers for all residents 18 years of age & older unless a full time student)

**PRESENT EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

\*\*\*\*\*

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **MONTHLY SALARY:** \_\_\_\_\_

**List other employers on back of this page if needed, must verify all occupants 18 years of age and older unless full time student.**

## OTHER INCOME & SOURCE

Please complete all other income listed below. If you have other sources please list as others:

*Please Circle*

1 **SOCIAL SECURITY:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_  
Name: \_\_\_\_\_

2 **SOCIAL SECURITY:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_  
Name: \_\_\_\_\_

3 **RETIREMENT/PENSION:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_  
Name: \_\_\_\_\_

4 **VETERANS BENEFITS:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_  
Name: \_\_\_\_\_

5 **RENTAL INCOME:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_

6 **CHILD & MAINTENANCE SUPPORT:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_  
CHILD'S NAME: \_\_\_\_\_

7 **CHILD & MAINTENANCE SUPPORT:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_  
CHILD'S NAME: \_\_\_\_\_

8 **CHILD & MAINTENANCE SUPPORT:** YES / NO MONTHLY AMOUNT(S): \_\_\_\_\_  
CHILD'S NAME: \_\_\_\_\_

9 **OTHER INCOME:** \_\_\_\_\_ MONTHLY AMOUNT(S): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

10 **OTHER INCOME:** \_\_\_\_\_ MONTHLY AMOUNT(S): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**SAVINGS ACCOUNT:**  
FINANCIAL INSTITUTION: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**CHECKING ACCOUNT:**  
FINANCIAL INSTITUTION: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**OTHER REAL ESTATE OWNED:**  
FINANCIAL INSTITUTION: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**SAVINGS BONDS & OTHER SECURITIES :** AMOUNT: \$ \_\_\_\_\_

## OWNER RELEASE STATEMENT

### RELEASE OF INFORMATION

(MUST BE SIGNED BY **ALL TENANTS 18 YEARS AND OLDER**)

*Document can be copied*

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\_\_\_\_\_ **Request for Mortgage Status**  
\_\_\_\_\_ **Asset Verification**  
\_\_\_\_\_ **Verification of Deposit**  
\_\_\_\_\_ **Verification of Employment**

\_\_\_\_\_ **Social Security**  
\_\_\_\_\_ **Title Verification**  
\_\_\_\_\_ **Credit Report**  
\_\_\_\_\_ **Income Verification**

I (We), the undersigned, do hereby authorize the release information requested by the Department of City Development of the City of Sheboygan, Wisconsin.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**